

Burlington District Office

2014 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

VDH – Public Health Statistics
May 2016

 **VERMONT**
DEPARTMENT OF HEALTH

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What is the Behavioral Risk Factor Surveillance System or BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is conducted by the Vermont Department of Health (VDH) in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C. and several U.S. territories participate in the survey.

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

Additional information can be found on the VDH and CDC websites:

- <http://healthvermont.gov/research/brfss.aspx>
- <http://www.cdc.gov/brfss/>

A report summarizing the 2014 statewide results from the Vermont BRFSS can also be found on the VDH website:

http://healthvermont.gov/research/brfss/documents/summary_brfss_2014.pdf

Recent Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare 2011 results to previous years. VDH's Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

Demographics of Burlington District Office*

The next few pages describe the demographic makeup of Burlington Health District adults in 2013-2014.

More than half (53%) of Burlington adults are female. Two-thirds of adult Burlington residents are 25-64, with about one in six ages 65 and older.

- Burlington residents are significantly less likely than Vermont adults overall to be 65 and older (18% vs. 21%).

More than four in ten Burlington area adults has a college degree or higher.

- Burlington adults are significantly more likely than Vermont adults overall to have a college degree or higher (44% vs. 32%), are as likely to have some college education (29% each) and less likely to have a high school degree or less (28% vs. 39%).

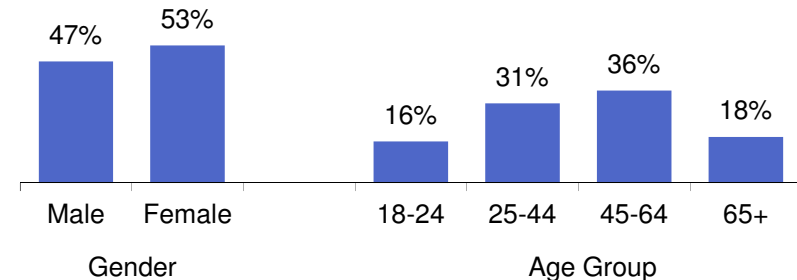
About six in ten Burlington adults lives in a home making \$50,000 or more annually, significantly higher than that among Vermont adults (58% vs. 48%).

- Burlington adults are also significantly less likely than Vermont adults overall to live in homes making less than \$50,000 per year (42% vs. 52%).

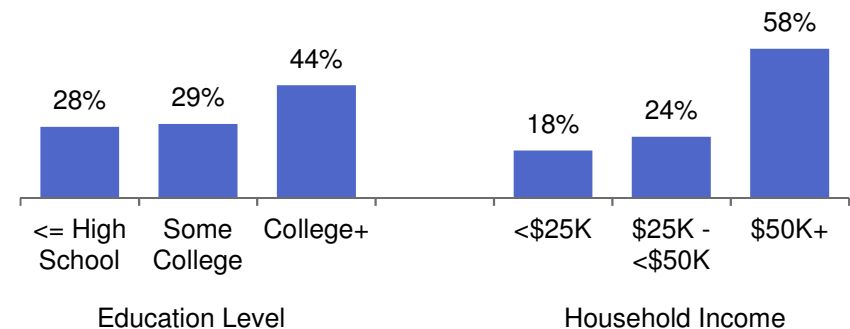
Seven percent of adults in the Burlington area report being a racial or ethnic minority. This is similar to the six percent among Vermont adults overall.

*See page 31 for a list of the towns included in the Burlington Health District.

**Burlington Residents
by Gender and Age**



**Burlington Residents
by Education and Income**



Demographics of Burlington District Office

Over six in ten Burlington adult residents are currently employed, while about one in seven is retired. Twelve percent said they are a student or homemaker, and five percent or fewer are unemployed or unable to work.

- Burlington adults are significantly less likely than Vermont overall to be unable to work (4% vs. 6%).

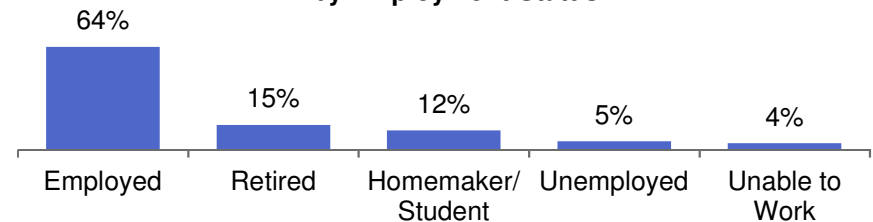
Half of Burlington adults are married. About a quarter have never married, while thirteen percent are divorced. Five percent are widowed and four percent are part of an unmarried couple.

- Burlington adults are significantly more likely to have never been married than Vermont adults overall (27% vs. 23%).

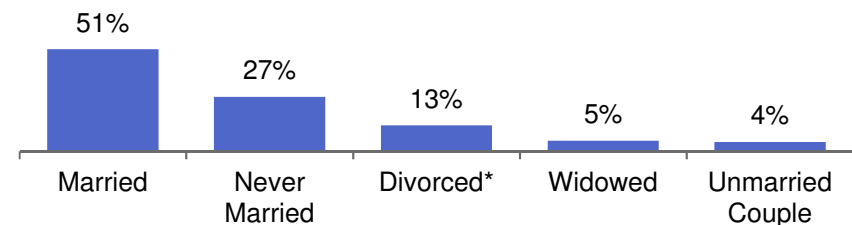
Roughly seven out of ten adults in the Burlington area said there are no children less than 18 in their home. Four percent reported having three or more children.

- The number of children in the home reported by Burlington area adults was similar to that for Vermont overall.

**Burlington Residents
by Employment Status**

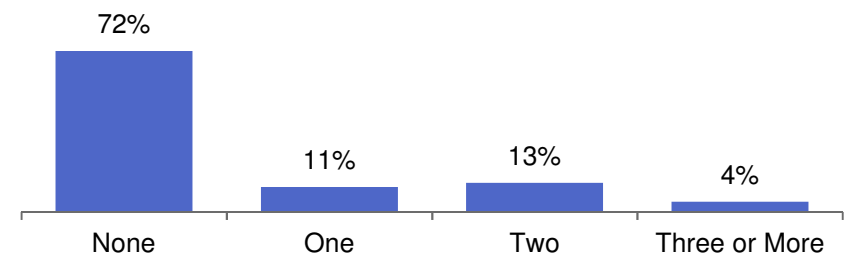


**Burlington Residents
by Marital Status**



*Includes those who reported their marital status as divorced or separated.

**Burlington Residents
by Children in Household**



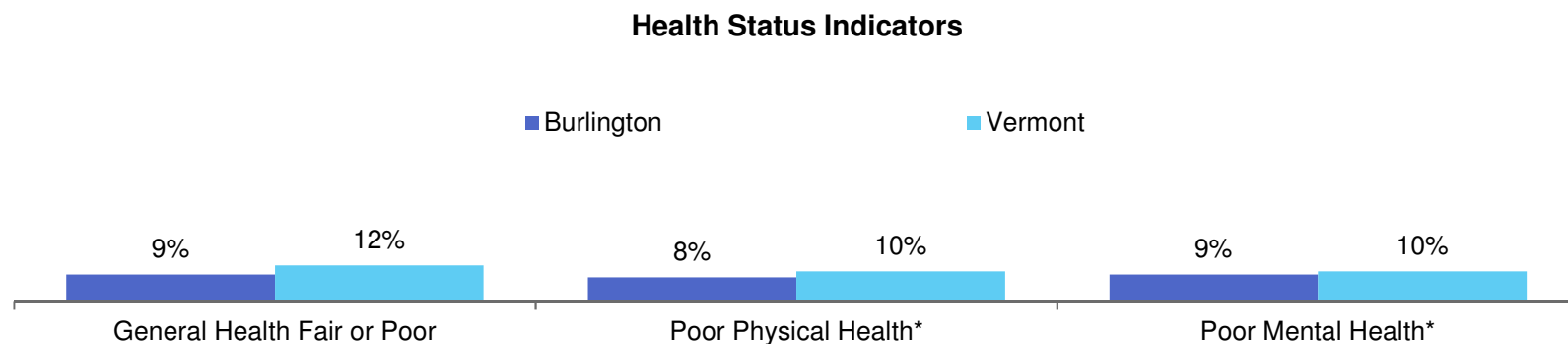
Health Status Indicators

In 2013-2014, one in eleven Burlington area adults reported their general health is fair or poor. One in twelve reported having poor physical health in the last month, while one in eleven said they had poor mental health.

- Poor mental and physical health were defined as 14 or more days of poor mental/physical health in the last month.

Burlington area adults are significantly less likely than Vermont adults to report fair or poor general health (9% vs. 12%) and poor physical health (8% vs. 10%).

Among adults in the Burlington area, health status indicators have not changed significantly since 2011. See Appendix A for results over time.



*Defined as 14+ poor physical or mental days in the last month.

Health Status Indicators

Females in the Burlington area are significantly more likely than males to report poor mental health.

- Fair or poor general health and poor physical health do not differ significantly by gender among Burlington area adults.

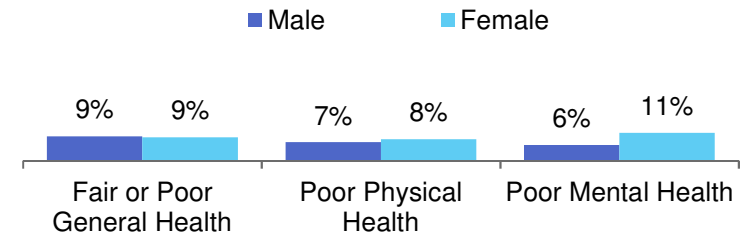
Reported fair or poor general health and poor physical health increases with age, while reported poor mental health decreases with age.

- Adults 45 and older are significantly more likely to report fair or poor health compared with those of younger ages.
- Older adults, those 65 and older are significantly more likely than those 18-44 to have poor physical health.
- Reported poor mental health is significantly less likely among older adults, compared with those 18-64.

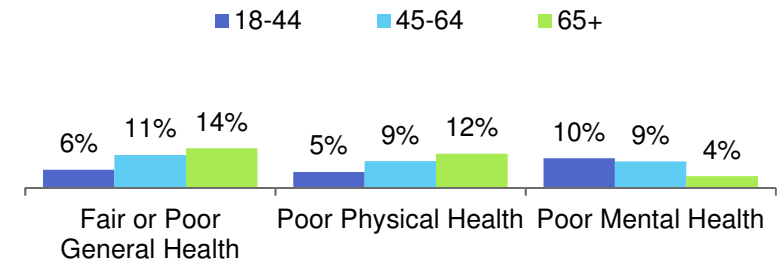
Poor health, regardless of the indicator, among Burlington area adults decreases with increasing annual household incomes.

- Adults in homes making less than \$25,000 per year are significantly more likely to report fair or poor general health and poor physical health than those in homes making \$25,000 or more.
- Adults in homes making less than \$25,000 per year are also significantly more likely to report poor mental health than those in homes making \$50,000 or more annually.

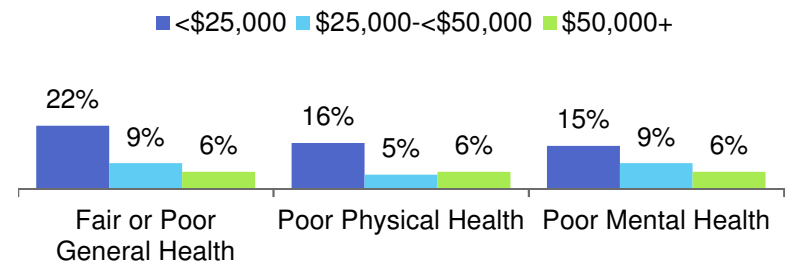
**Health Status Indicators by Gender
Burlington Adults**



Health Status Indicators by Age



Health Status Indicators by Income Level

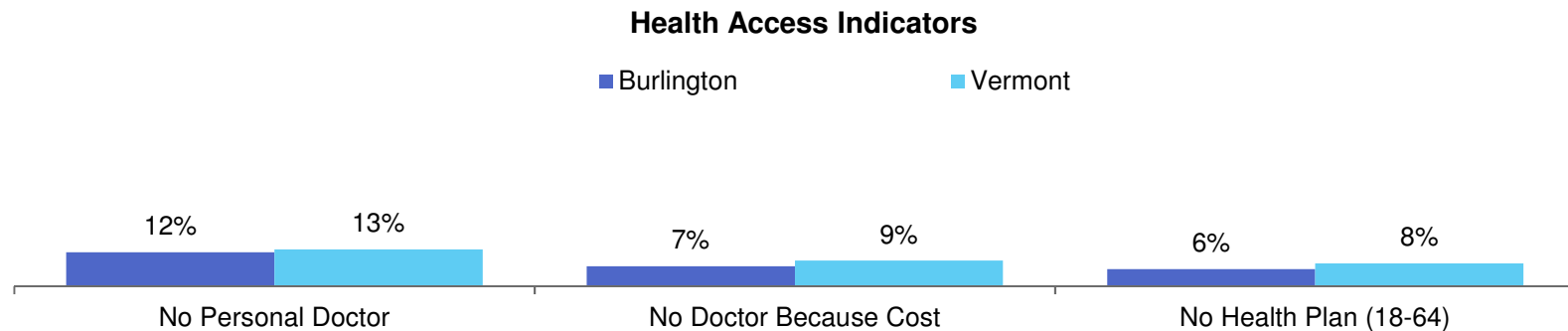


Health Access Indicators

In 2013-2014, about one in nine adults in the Burlington area said they do not have a personal doctor for health care. Fewer, one in fourteen said they needed care in the last year but did not seek it due to the cost. Among Burlington area adults ages 18-64, six percent said they do not have health insurance.

Burlington area adults 18-64 are significantly less likely than Vermont adults of the same age to report being without a health plan (6% vs. 8%).

Additionally, among Burlington area adults, health access indicators have not changed significantly since 2011. See Appendix A for results over time.



Health Access Indicators

Burlington area men are significantly more likely than women to report not having a personal doctor (17% vs. 8%).

There are no statistically significant differences by gender in delaying care because of cost or not having a health plan.

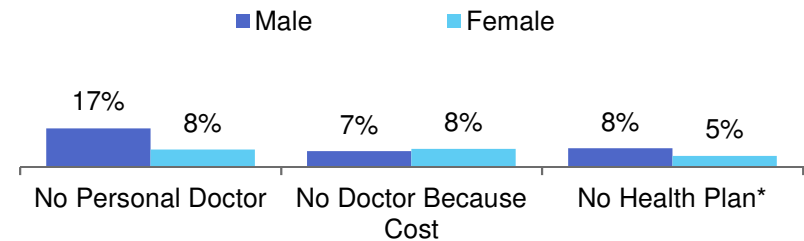
Poor health care access decreases with increasing age.

- All differences by age are statistically significant for having a doctor.
- Adults 18-64 are also significantly more likely than those 65 and older to report delaying care due to cost.

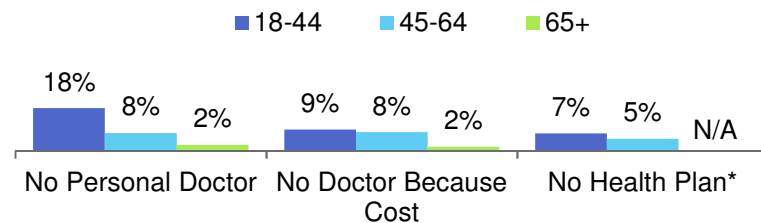
Adults in the Burlington area who have lower annual household incomes are more likely to report poor health care access, regardless of the indicator.

- Adults living in homes with incomes of less than \$50,000 annually are significantly more likely to not have a doctor than those in homes with more income.
- Adults in homes making \$25,000 or less are significantly more likely to delay care because of cost as compared with those in homes making \$50,000 or more per year.
- Those adults 18-64 in homes making less than \$50,000 per year are significantly more likely to be without health insurance than those in homes with more income.

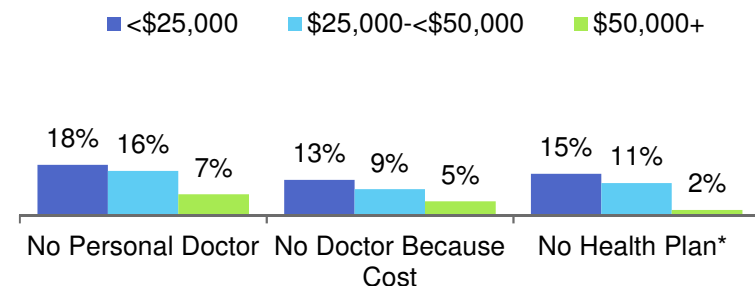
**Health Access Indicators by Gender
Burlington Adults**



Health Access Indicators by Age



Health Access Indicators by Income Level



*Limited to adults 18-64.

Disability

About a quarter of Vermont adults reported having a disability (24%) in 2014. Comparatively, about one in five Burlington adults said they have a disability.

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

Men and women in the Burlington area report being disabled at statistically similar rates.

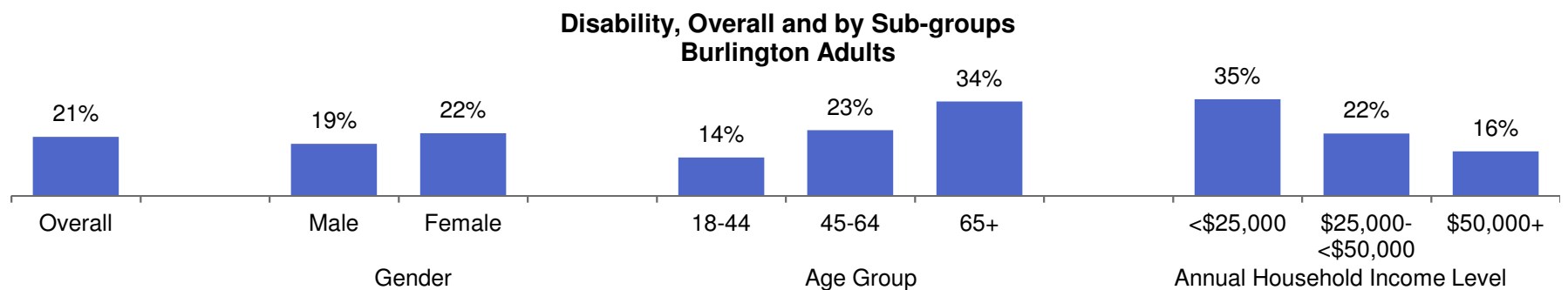
Reported disability among Burlington adults increases with increasing age.

- All differences by age are statistically significant.

Burlington area adults with lower annual household incomes are more likely to be disabled.

- Adults living in homes with incomes of less than \$25,000 are significantly more likely to be disabled than those in homes with more income.

Reported disability among Burlington area adults has not changed significantly since 2011. See Appendix A for results over time.



Chronic Conditions

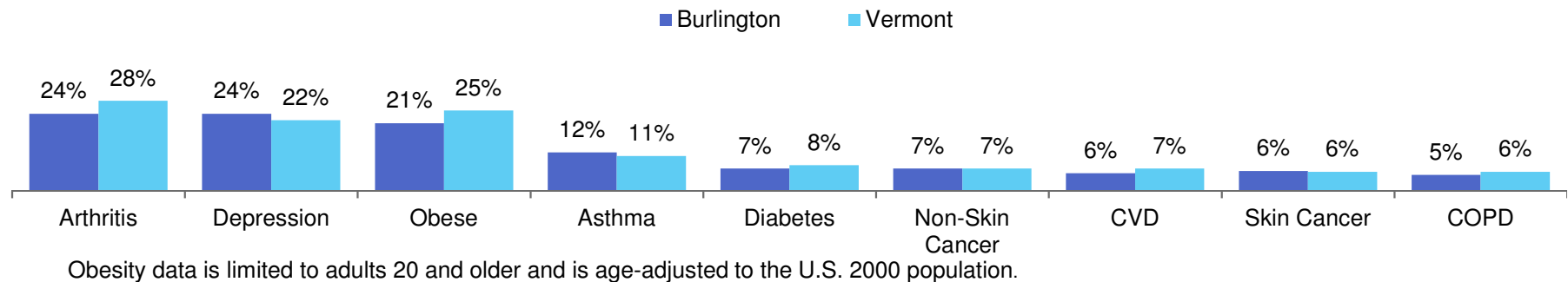
Burlington area adults reported statistically lower rates of arthritis and obesity, when compared with Vermont adults.

- About a quarter (24%) of adults in the Burlington area reported having arthritis; 28% of Vermont adults said the same.
- One in five (21%) Burlington area adults, ages 20 and older, reported being obese, compared with 25% of Vermont adults.

Burlington adults reported similar rates of depression, asthma, diabetes, non-skin and skin cancers, cardiovascular disease (CVD), and COPD as compared with Vermont adults overall.

The prevalence of chronic obstructive pulmonary disease among Burlington area adults has increased significantly over time, from 3% (2011-2012) to 5% (2013-2014). Prevalence of other chronic conditions have not changed significantly since 2011. See Appendix A for trend results.

Prevalence of Selected Chronic Conditions



Chronic Conditions

Among Burlington area adults, diagnosis of arthritis, depressive disorders, and asthma are significantly higher among females than males.

- About a quarter (27%) of females report arthritis vs. 20% of males.
- Three in ten females and 18% of males have a depressive disorder.
- Fifteen percent of females said they have asthma, higher than the nine percent among males.

Obesity prevalence does not differ significantly by gender among adults (ages 20+) in the Burlington area.

Arthritis prevalence among Burlington adults increases with increasing age.

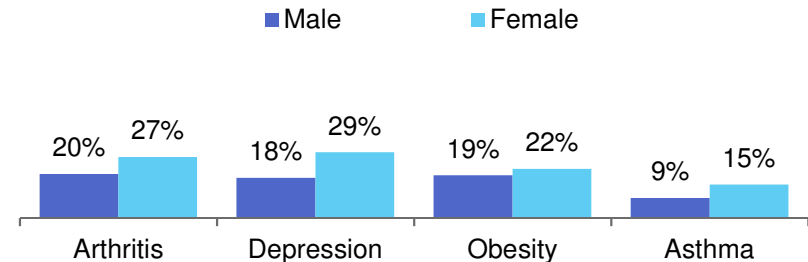
- All differences in arthritis by age are statistically significant.

No statistical differences were noted by age in the prevalence of depressive disorders, obesity or asthma.

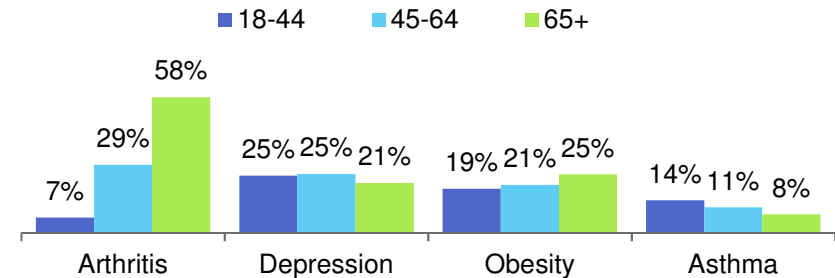
The prevalence of arthritis, depressive disorders, obesity, and asthma among Burlington adults all decrease as annual household income increases.

- Those in homes making at least \$25,000 per year are significantly less likely than those with less income to report a depressive disorder and asthma.
- Adults in homes with incomes of \$50,000 or more are significantly less likely to report obesity than those in homes with less income.

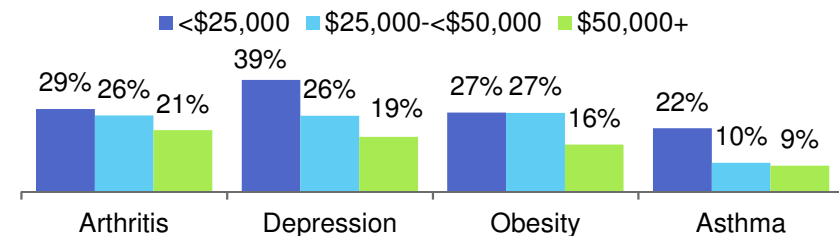
**Chronic Conditions by Gender
Burlington Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Note: Obesity data are for adults 20 and older and, except that by age, are age adjusted to U.S. 2000 standard population.

Chronic Conditions

There are no statistically significant differences by gender for the prevalence of cardiovascular disease, diabetes, and COPD.

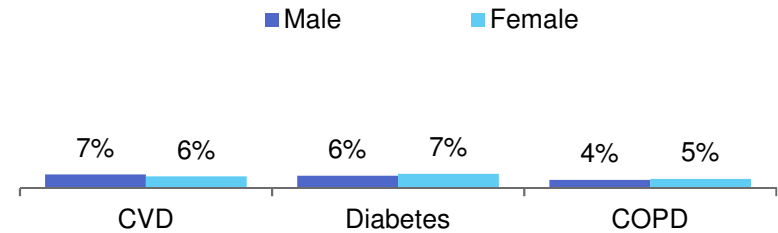
Reported cardiovascular disease, diabetes and COPD among Burlington area adults all increase as age increases.

- All differences by age for cardiovascular disease and diabetes are statistically significant.
- Burlington adults 65 and older are significantly more likely to report COPD than those 18-64.

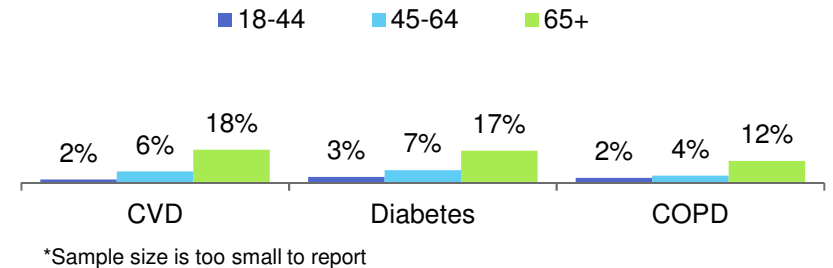
Burlington area adults living in homes with less income are more likely to say they have a cardiovascular disease, diabetes, and COPD.

- Adults in homes making less than \$25,000 per year, are significantly more likely than those in homes making at least \$50,000 per year to have CVD.
- Those in homes making \$25,000-\$49,999 are significantly more likely than those in homes with more income to report having diabetes.
- Adults in homes making less than \$25,000 per year, are significantly more likely than those in with more income to have COPD.

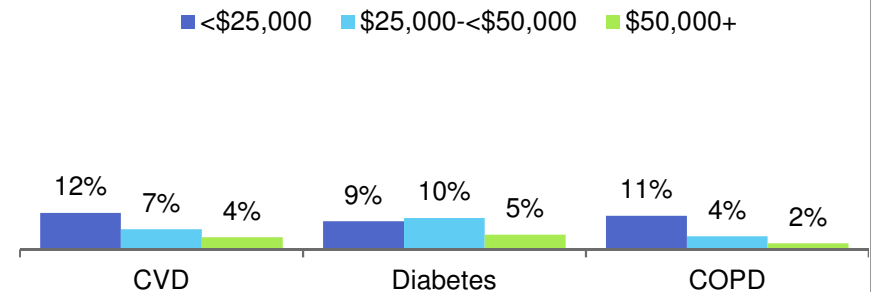
**Chronic Conditions by Gender
Burlington Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Chronic Conditions

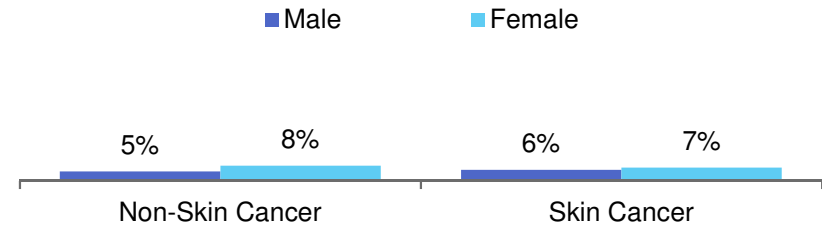
Among Burlington area adults there were no statistical differences reported for skin cancer and non-skin cancers by gender.

The prevalence of both skin cancer and non-skin cancers increases with increasing age.

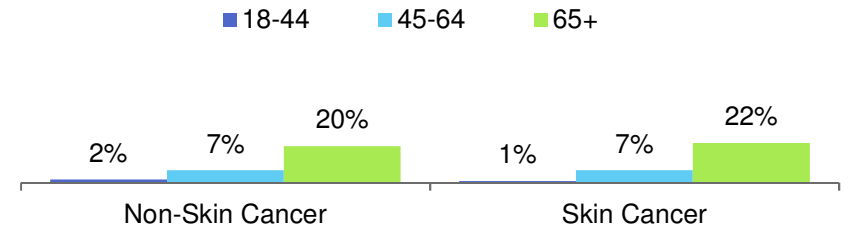
- All differences by age, for both skin and non-skin cancers are statistically significant.

There are no statistical differences in the prevalence of non-skin cancer or skin cancer by annual household income level, among Burlington adults.

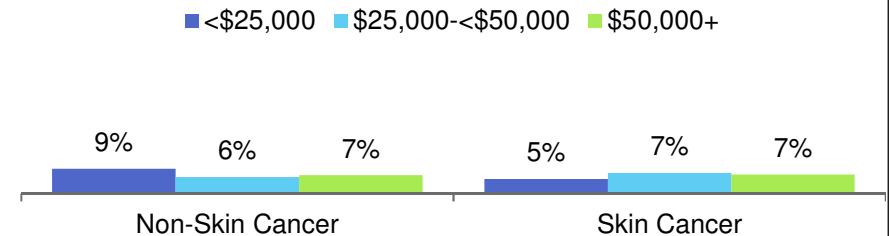
**Chronic Conditions by Gender
Burlington Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Risk Behaviors

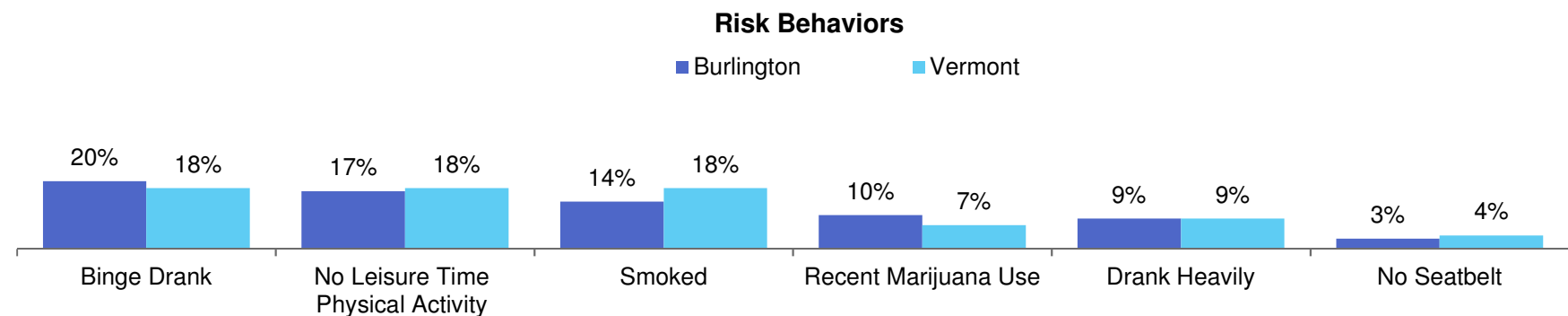
In 2013-2014, about one in seven (14%) of Burlington area adults said they currently smoke, significantly lower than the 18% among Vermont adults.

- Of smokers, 57% tried to quit smoking at least once during the previous year. This is similar to the 59% reported among Vermont smokers.

Burlington area adults and Vermont adults reported similar rates of binge drinking, no leisure time exercise, recent marijuana use, heavy drinking, and seldom or never wearing a seatbelt.

- Binge drinking was defined as five or more drinks in one sitting for men and four or more drinks for women. Heavy drinking was defined as more than two drinks per day for men and more than one for women.

The proportion of Burlington area adults who participate in no leisure time physical activity increased significantly over time, from 13% (2011-2012) to 17% (2013-2014). Prevalence of other risk behaviors have not changed significantly since 2011. See Appendix A for trend results.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population

Risk Behaviors

There are no statistically significant differences by gender in smoking and not participating in leisure time physical activity, among Burlington area adults.

Smoking rates decrease with increasing age, among adults in the Burlington area.

- Adults 18-64 are significantly more likely to report smoking than those 65 and older.

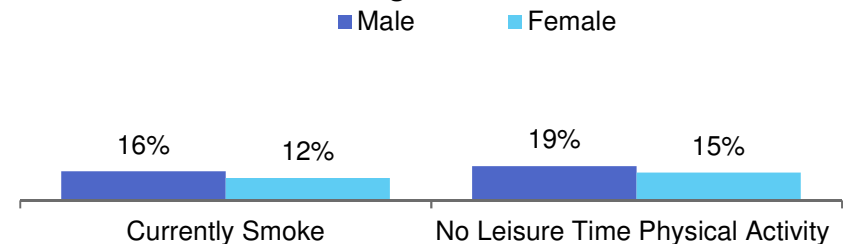
Conversely, not participating in physical activity increases with increasing age.

- Adults 65 and older are significantly more likely to not participate in physical activity than those 18-44 (22% vs. 14%).

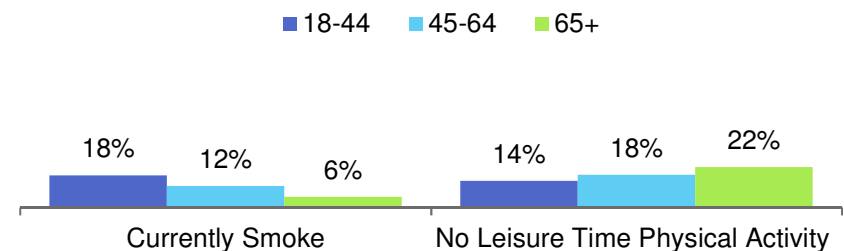
Burlington area adults in homes with more income are less likely to currently smoke and less likely to not participate in physical activity.

- All differences in smoking are statistically significant by annual household income.
- Burlington adults in homes making \$50,000 or more are also significantly less likely to report not participating in any physical activity as compared with those in homes with less income.

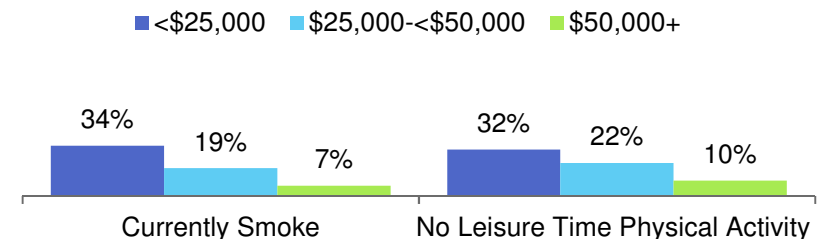
**Risk Behaviors by Gender
Burlington Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

Risk Behaviors

About one in four (24%) men in the Burlington area said they binge drank in the last month. This is significantly higher than the 16% reported among women.

- Conversely, women are significantly more likely than men to report drinking heavily (11% vs. 7%).

Burlington area males are significantly more likely to use marijuana, compared to females (15% vs. 5%).

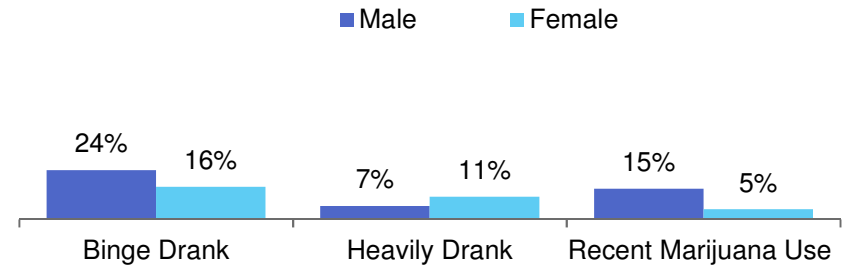
Binge drinking and marijuana use decreases with increasing age.

- All differences in binge drinking and marijuana use by age are statistically significant.

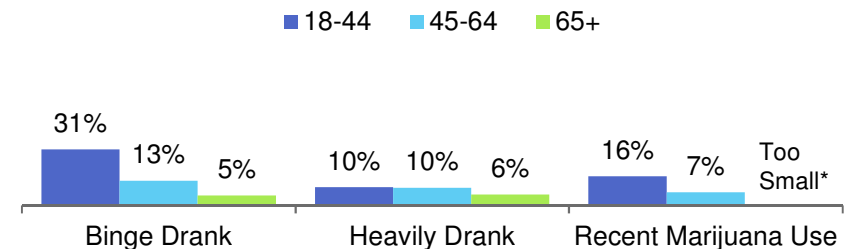
Marijuana use decreases with increasing annual household income.

- Burlington area adults in homes that make less than \$25,000 annually are significantly more likely to use marijuana compared to those in homes making \$50,000 or more.

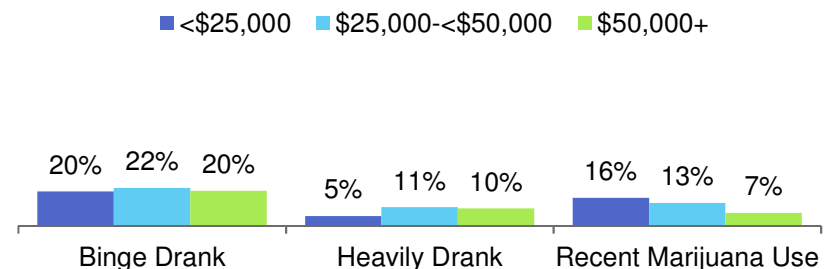
**Risk Behaviors by Gender
Burlington Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



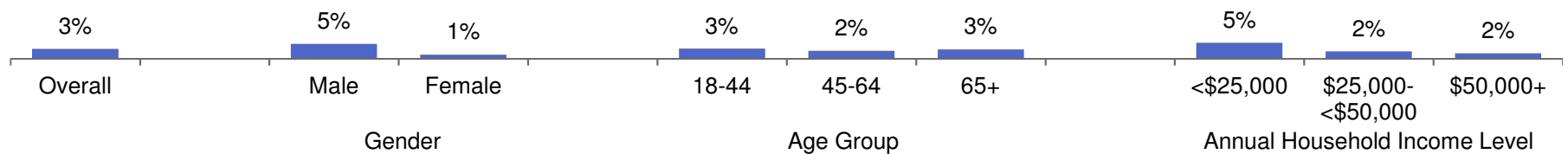
Risk Behaviors

Overall, less than one in twenty (3%) adults in the Burlington area said they seldom or never wear a seatbelt when riding or driving in a car. This is similar to the four percent of Vermont adults who reported the same.

Burlington area men are significantly more likely than women to seldom or never wear seatbelts.

Adult non-use of seatbelts in the Burlington area does not differ significantly by age or annual household income level.

**Seldom or Never Wear Seatbelt, Overall and by Sub-groups
Burlington Adults**

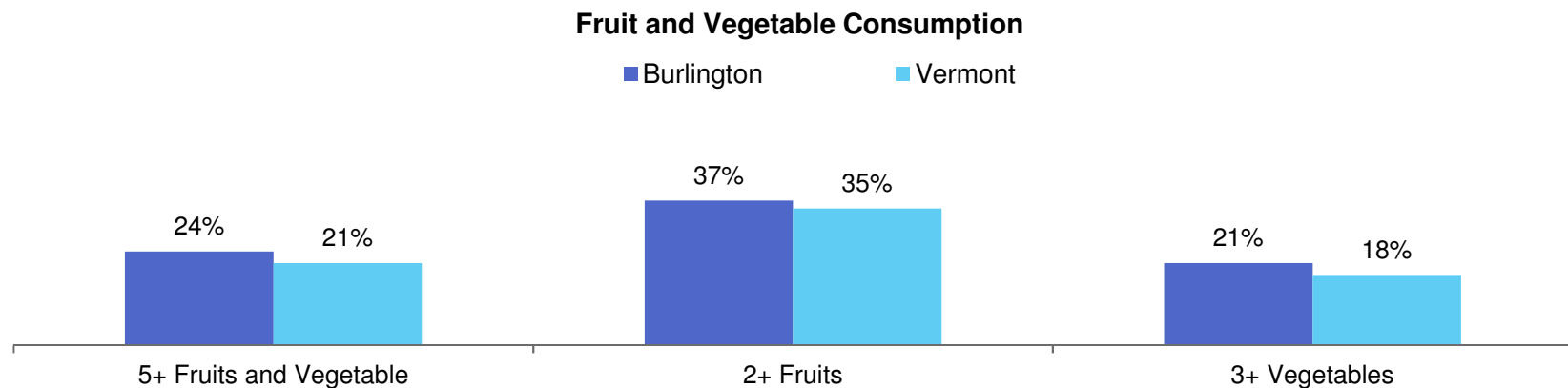


Preventive Behaviors

In 2011-2013, a quarter of Burlington area adults reported eating five or more fruits and vegetables per day. About, four in ten (37%) ate two or more fruits and 21% reported eating three or more vegetables.

Burlington area adult consumption of fruits and vegetables was statistically similar to that among Vermont adults.

Fruit and vegetable consumption was asked only in 2011 and 2013. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



Preventive Behaviors

Women in the Burlington area eat more fruits and vegetables than men.

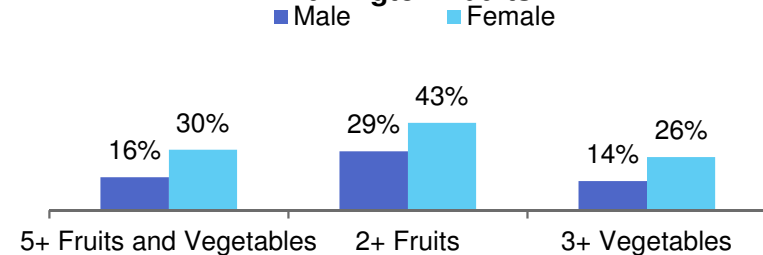
- Three in ten women said they fruits and vegetables five or more times per day. This is significantly higher than the 16% reported by men.
- Forty-three percent of women eat two or more fruits and 26% eat three or more vegetables per day. Both are significantly higher than the 29% and 14% reported among men, respectively.

There are no differences in fruit and vegetable consumption by age, among Burlington area adults.

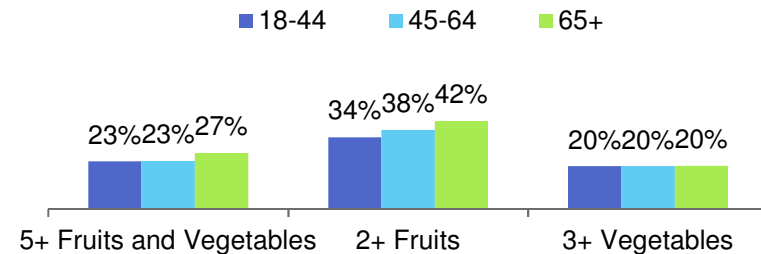
Consumption of fruits and vegetables increases with increasing annual household income level.

- Adults in homes making \$50,000 or more per year are more likely than those in homes making less than \$25,000 to report eating five or more fruits and vegetables per day.
- No other differences in fruit and vegetable consumption are statistically significant by annual household income level.

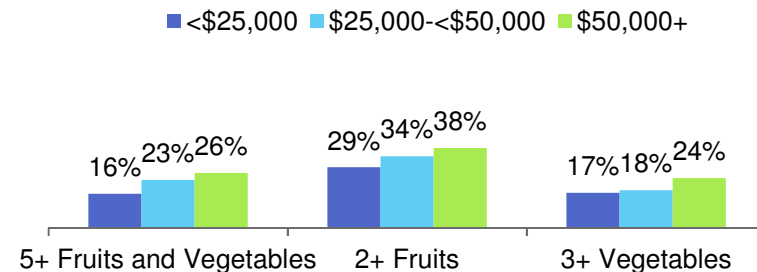
Preventive Behaviors by Gender
Burlington Adults



Preventive Behaviors by Age



Preventive Behaviors by Income Level



Note: Fruit and vegetable data, except that by age, are age adjusted to the U.S. 2000 standard population.

Preventive Behaviors

In 2011-2013, about six in ten (59%) Vermont adults reported meeting physical activity recommendations*. This is similar to the 61% reported among Burlington area adults.

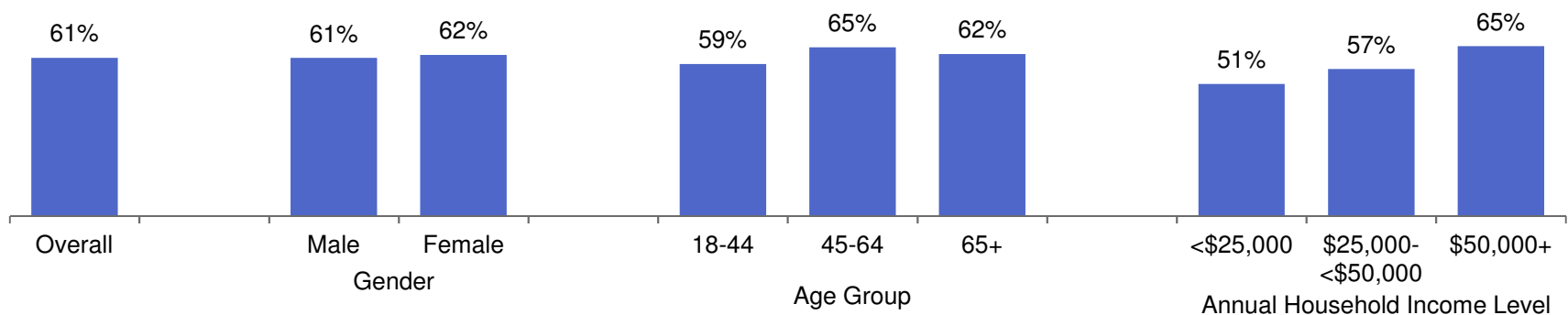
Men and women in the Burlington area reported meeting physical activity recommendations at statistically similar rates, 61% for men and 62% for women.

There are no differences in meeting physical activity recommendations by age, among Burlington adults.

Meeting physical activity recommendations increases with annual household income level. Adults with an annual household income at least \$50,000, are significantly more likely to meet physical activity recommendations than adults living in households incomes of less than \$25,000 per year.

Meeting physical activity recommendations information was only collected in 2011 and 2013. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.

**Met Physical Activity Recommendations, Overall and by Sub-groups
Burlington Adults**



*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see:

www.cdc.gov/physicalactivity/everyone/guidelines/index.html

Note: Met physical activity recommendations data, except that by age, are age adjusted to the U.S. 2000 population.

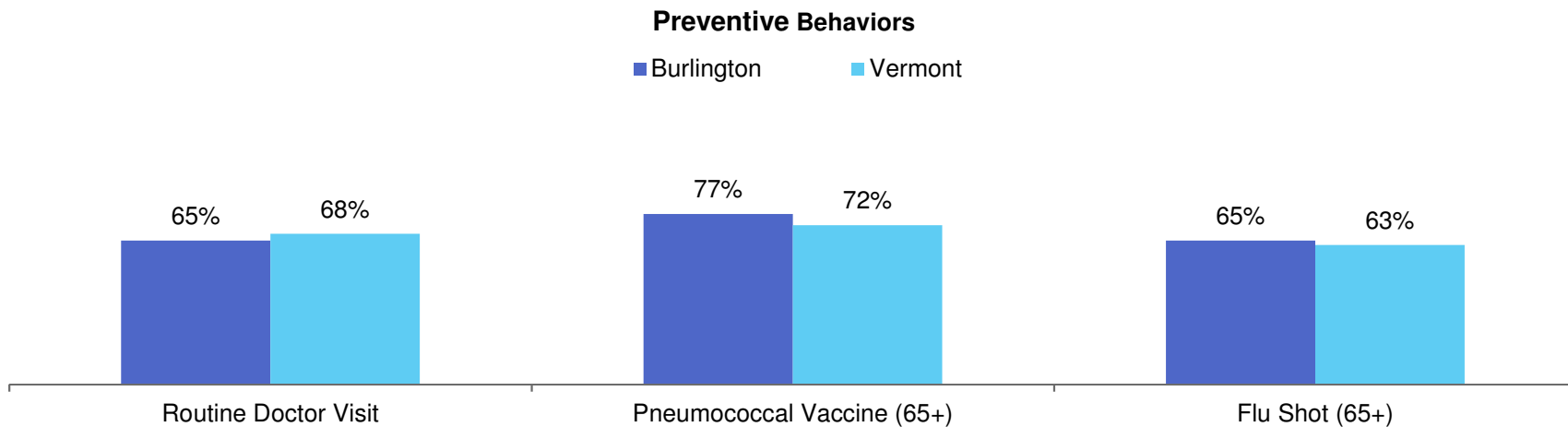
Preventive Behaviors

Less than two-thirds (65%) of adults in the Burlington area said they saw their doctor for a routine visit in the previous year. This is similar to the 68% reported among all Vermont adults.

About three-quarters (77%) of Burlington area adults ages 65 and older have ever gotten a pneumococcal vaccine. Fewer, 65% reported having a flu shot in the last year.

- Vermont adults, ages 65 and older, reported getting pneumococcal and flu shot vaccines at similar rates to Burlington adults.

Routine doctor visits and receipt of vaccinations among Burlington area adults have not changed since 2011. See Appendix A for results over time.



Preventive Behaviors

Women are significantly more likely to have made a routine visit to their doctor in the last year as compared with men (70% vs. 60%), among Burlington area adults.

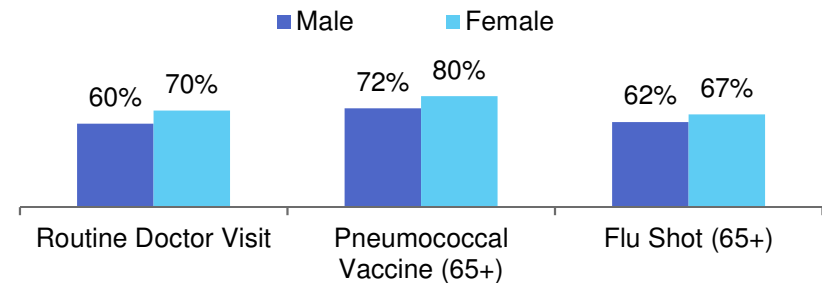
There are no differences in pneumococcal or flu shot vaccination rates by gender (among adults 65 and older who live in the Burlington area).

Routine visits to the doctor in the last year increase with age.

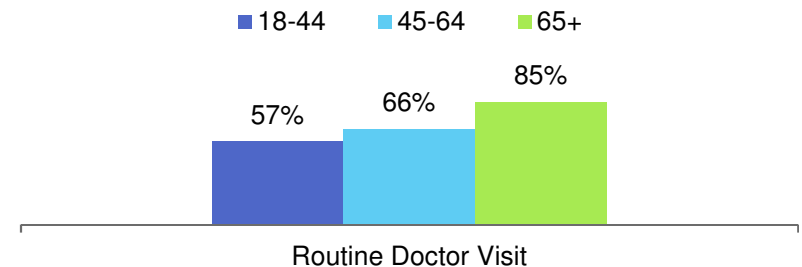
- All differences by age are statistically significant.

There are no differences in the occurrence of routine doctor visits or receipt of vaccinations by annual household income level, among Burlington area adults.

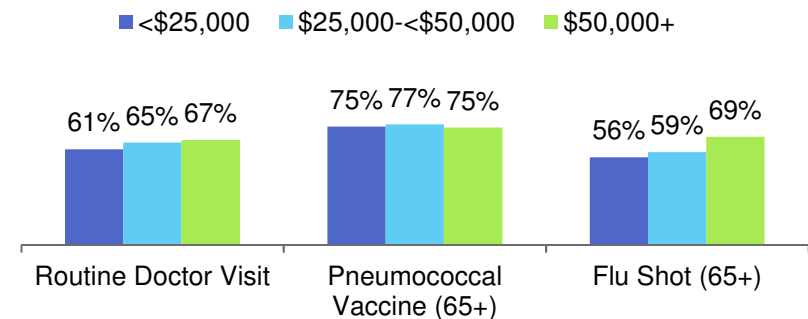
**Preventive Behaviors by Gender
Burlington Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level

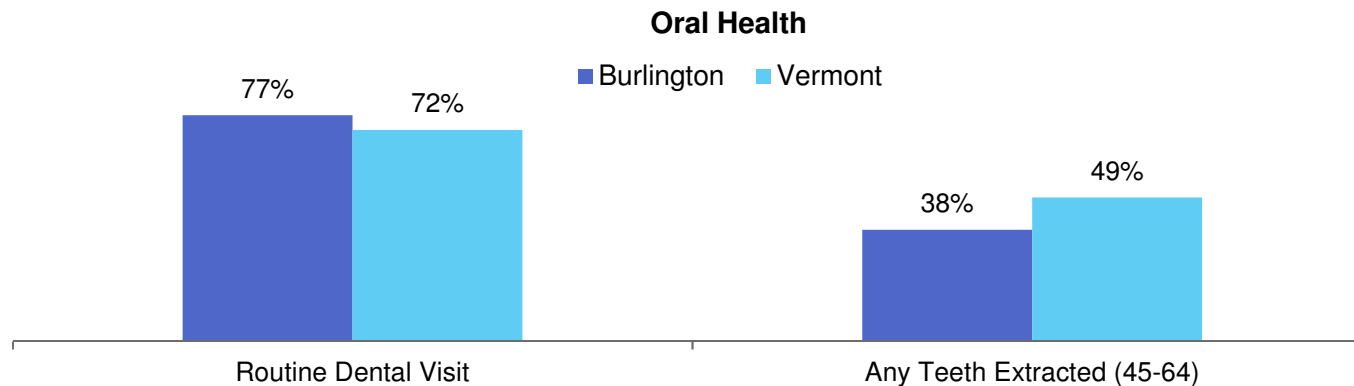


Oral Health

More than three-quarters of Burlington area adults said they saw their dentist for any reason in the last year. This is significantly higher than the 72% reported for Vermont adults overall.

Burlington adults 45-64 are less likely than Vermont adults to report having at least one tooth extracted (38% vs. 49%).

Oral health questions were only asked in 2012 and 2014. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



Note: Routine dental visit data are age-adjusted to the U.S. 2000 population.

Oral Health

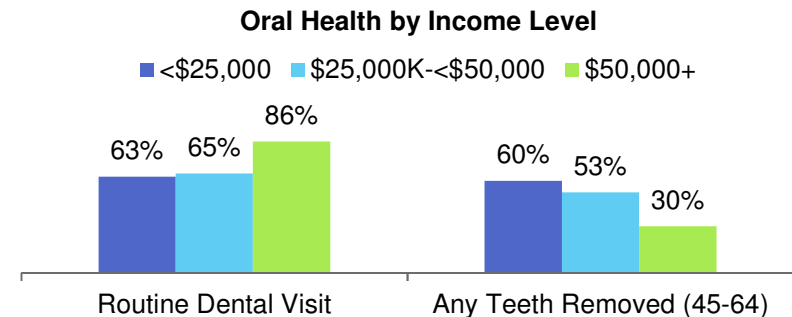
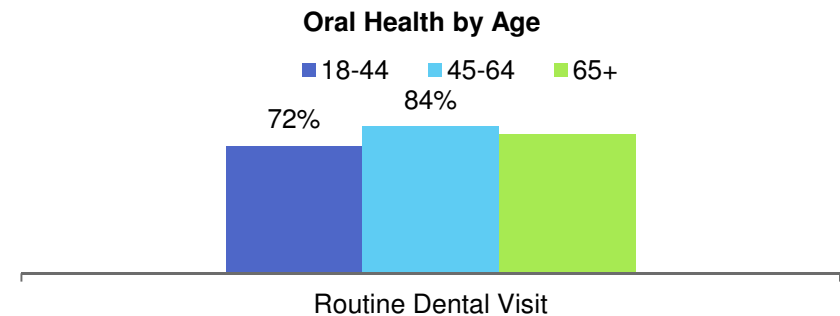
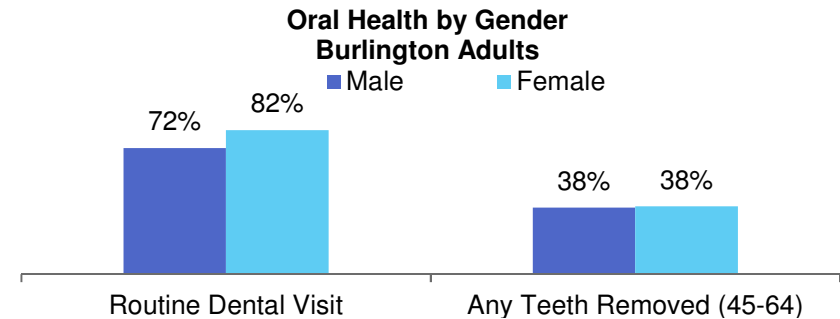
Among Burlington area adults, women are more likely to visit the dentist regularly than men (82% vs. 72%).

- Teeth extractions do not vary statistically by gender.

Burlington area adults 18-44 are significantly less likely than those 45-64 to visit a dentist regularly.

Burlington area adults living in homes with more income are more likely than those in homes with less income to visit the dentist regularly and less likely to have had teeth removed.

- Adults in homes making \$50,000 or more per year are significantly more likely than those in homes with less income to have seen a dentist for any reason during the previous year.
- Adults 45-64 in homes making at least \$50,000 annually are also less likely to reporting having had any teeth extracted or removed, as compared with those in homes with less income.



Note: Routine dental visit data, except that by age, are age-adjusted to the U.S. 2000 population.

HIV Screening

In 2013-2014, about a third of Burlington area adults (32%) had ever been tested for HIV. This is statistically similar to the 31% reported among Vermont adults overall.

Men and women in the Burlington area report HIV testing at similar rates.

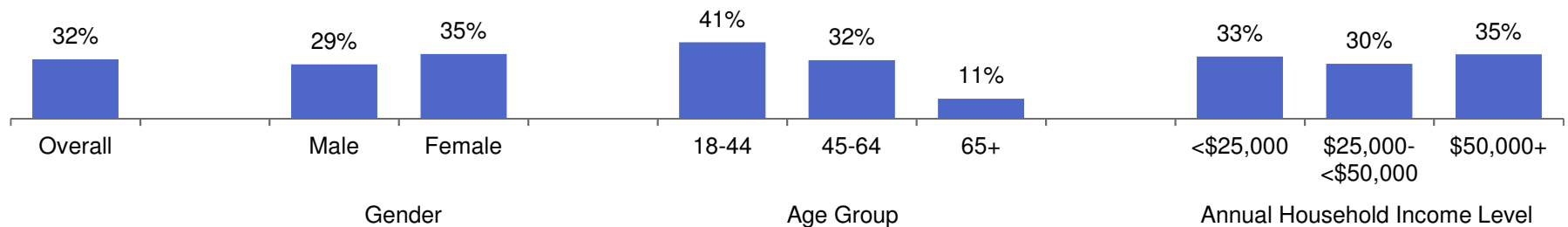
Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- All differences by age are statistically significant.

There are no differences, among adults in the Burlington area, in HIV testing by annual household income level.

Additionally, HIV testing among Burlington adults has not change significantly since 2011. See Appendix A for results over time.

**Ever Had HIV Test, Overall and by Sub-Groups
Burlington Adults**



Cancer Screening

In 2012-2014, eight in ten (82%) women ages 50-74 in the Burlington area reported meeting breast cancer screening recommendations. This is similar to the 79% among all Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

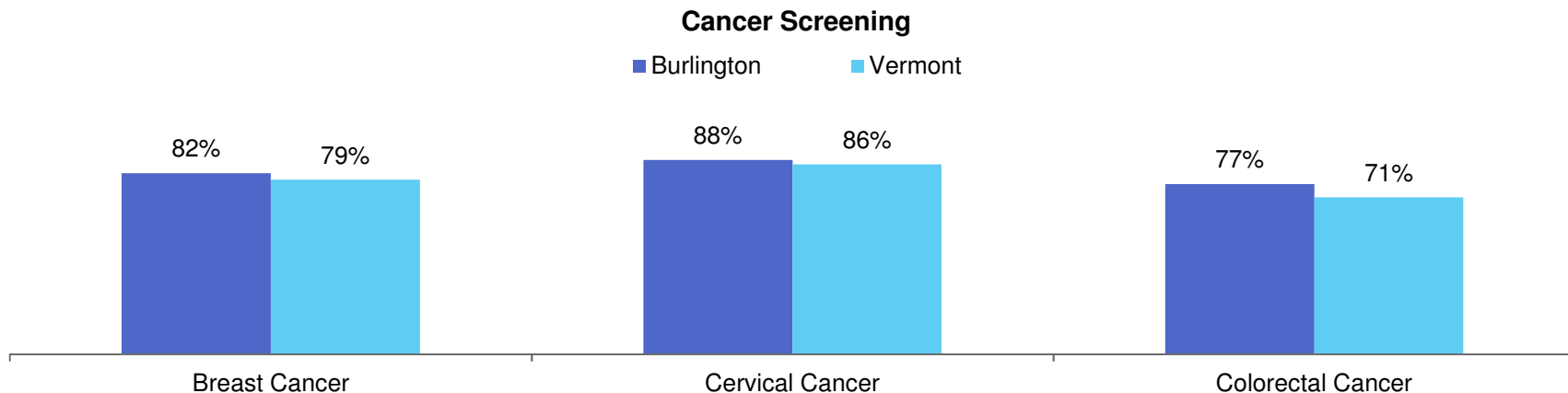
Eighty-eight percent of women 21-65 who live in the Burlington area met cervical cancer screening recommendations, statistically similar to the 86% among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the Burlington area, roughly three-quarters (77%) met colorectal cancer screening recommendations. This is statistically higher than the rate reported by all Vermonters of the same age (71%).

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy ever five years and FOBT every three years OR colonoscopy ever ten years.

Cancer screening questions were only been asked in 2012 and 2014. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



Note: Cancer screening data are age-adjusted to the U.S. 2000 population.

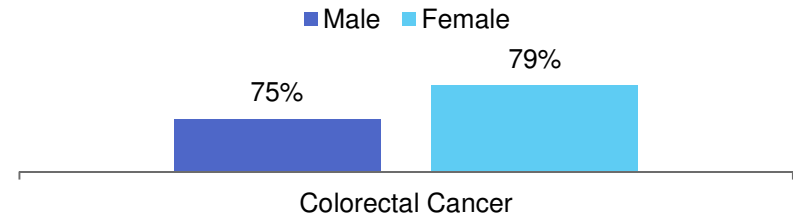
Cancer Screening

Among Burlington area adults, receipt of recommended colorectal cancer screening does not differ statistically by gender.

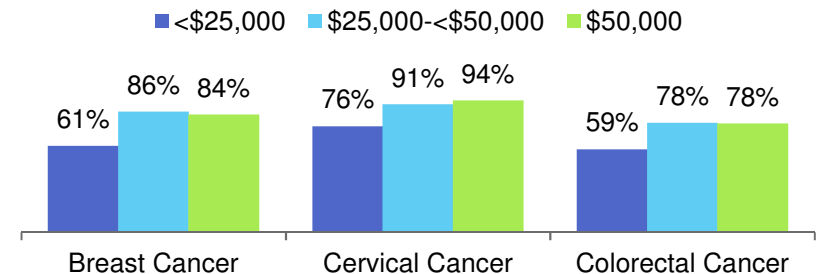
Burlington area adults in homes with more income are more likely to receive recommended cancer screenings.

- Women ages 50-74 in households making at least \$25,000 annually are significantly more likely than those with less income to meet breast cancer screening recommendations.
- Women 21-65 in households that make \$50,000 or more per year are significantly more likely than those in homes making less than \$25,000 per year to meet cervical cancer screening recommendations.
- Adults 50-75 in homes making at least \$25,000 per year are significantly more likely than those with less income to meet colorectal cancer screening recommendations.

**Cancer Screening By Gender
Burlington Adults**



Cancer Screening by Income Level



Note: Cancer screening data are age-adjusted to the U.S. 2000 population.

Appendix A: Burlington District Office Trend Results (2011-2014)

Health Status Indicators	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Fair or Poor General Health	8%	9%	9%	No
Poor Physical Health	8%	8%	8%	No
Poor Mental Health	10%	9%	9%	No
Disabled	21%	19%	21%	No
Health Access Indicators	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
No Personal Doctor	11%	11%	12%	No
No Doctor Because of Cost	8%	7%	7%	No
No Health Plan (ages 18-64)	7%	8%	6%	No
Chronic Conditions	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Arthritis	22%	23%	24%	No
Depression	22%	23%	24%	No
Obesity	21%	21%	21%	No
Asthma	11%	11%	12%	No
Diabetes	6%	6%	7%	No
Non-Skin Cancer	5%	6%	7%	No
Cardiovascular Disease (CVD)	6%	6%	6%	No
Skin Cancer	6%	6%	6%	No
Chronic Obstructive Pulmonary Disease (COPD)	3%	3%	5%	Yes

Appendix A: Burlington District Office Trend Results (2011-2014)

Risk Behaviors	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Smoking	13%	14%	14%	No
Binge Drinking	23%	21%	20%	No
No Exercise	13%	15%	17%	Yes
Recent Marijuana Use	10%	10%	N/A	No
Heavy Drinking	10%	9%	9%	No
Seldom or Never use Seatbelt	3%	3%	3%	No
Preventative Behaviors	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Routine Doctor Visit, in Last year	63%	65%	65%	No
Pneumococcal Vaccine, Ever, Ages 65+	74%	73%	77%	No
Flu Shot in the Last Year, Ages 65+	68%	65%	65%	No
Ever Tested for HIV	33%	33%	32%	No

Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

The Vermont BRFSS Program would like to acknowledge the work of Joseph Allario, Vermont Department of Health intern, who was responsible for creating these reports.

Towns included in the Burlington Health District are: Bolton, Burlington, Charlotte, Colchester, Essex, Hinesburg, Huntington, Jericho, Milton, Richmond, Shelburne, South Burlington, St. George, Underhill, Westford, Williston, and Winooski.